

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

4677

04672

1. PLACE OF DEATH COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) Shallmar	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS Dodson	
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) N.M.H.	(Last) ATHEY
4. DATE OF DEATH	(Month) MAY	(Day) 2	(Year) 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 2/14/1879
9. AGE last birthday 76 yrs.		10. If under 1 year Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME CHARLES SAMUEL ATHEY		14. MOTHER'S MAIDEN NAME MOLLIE HENDRICKSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216,034,850	
17. INFORMANT AND ADDRESS JOHN ATHEY, SHALLMAR, MARYLAND			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause

(a)

Hemiplegia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Cerebral Hemorrhage

(c)

INTERVAL BETWEEN ONSET AND DEATH

6 days

6 days

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 1953*, to *May 1955*, that I last saw the deceased

alive on *May 1*, 1955, and that death occurred at *2:15 A* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

May 4, 1955

I.O.O.F. Cemetery

Elk Garden, Mineral Co. W. Va

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/4/55

Julia S. Brown

Otha F. Sharpless, Blaine, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 20 1955

BUREAU V. S.

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04673

166

4678

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 9, Film 181 5-23-55 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>		LENGTH OF STAY (in this place) <u>16 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>FRIENDSVILLE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>		STREET ADDRESS <u>BOX 70</u>					
3. NAME OF DECEASED (First) (Middle) (Last) <u>HARRY</u> <u>BAKER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAY</u> <u>10</u> <u>1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-10-01</u>	9. AGE last birthday <u>54</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISHOPPIN, PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>	
13. FATHER'S NAME <u>EDWARD BAKER</u>				14. MOTHER'S MAIDEN NAME <u>MABEL DECKER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>SADIE BAKER BOX 70 FRIENDSVILLE, MD.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>434.3</u> IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>2 weeks?</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Decompensated heart disease</u>						<u>5 weeks?</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 16, 1955</u> , to <u>5/9</u> , 1955, that I last saw the deceased alive on <u>5/9</u> , 1955, and that death occurred at <u>10 A.</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Gushy</u>				ADDRESS (Street, city, town, state) <u>Oakland, Md.</u>		DATE SIGNED <u>5/10/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 13-55</u>		NAME OF CEMETERY OR CREMATORY <u>Friendsville Ceme.</u>		LOCATION (City, town, or county) <u>Friendsville Md.</u>	
24. REC'D BY REGISTRAR <u>5/10/55</u>		REGISTRAR'S SIGNATURE <u>John G. Gowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Rodakauer</u>		ADDRESS <u>Marbleburg</u>	

CERTIFICATE OF DEATH

1955

155

DISPOSITION

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Manner of death: [illegible]
9. Signature of physician: [illegible]
10. Signature of registrar: [illegible]
11. Date of registration: [illegible]

BUREAU V. 8

MAY 17 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 162

4679

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Lonaconing Md</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Lonaconing Md</u>			
TOWN <u>Life</u>				TOWN <u>Rural Lonaconing Md</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>George Dessa Bittinger</u>				<u>May 6 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH: <u>January 5-1910</u>	
9. AGE last birthday: <u>44</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Rural Lonaconing Md</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		12. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>None</u>			
13. FATHER'S NAME: <u>George Andrew Bittinger</u>				14. MOTHER'S MAIDEN NAME: <u>Rebecca Jane Berkholder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>				16. SOCIAL SECURITY No.: <u>214-12-3117</u>		17. INFORMANT & ADDRESS: <u>Yolman Bittinger, Lonaconing Md</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
151X Immediate cause (a) <u>Carcinoma of stomach</u>						6 mos.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>5-9-1955</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-1-1955</u> , to <u>5-6-1955</u> , that I last saw the deceased alive on <u>5-6-1955</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>H.C. Diehl, M.D.</u>				ADDRESS <u>Frostburg, Md.</u>		DATE SIGNED <u>5/7/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>5-9-1955</u>		<u>Roebison Cemetery</u>		<u>Rural Lonaconing Md</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>May 7/55</u>		<u>Arthur Broadwater</u>		<u>Wm Wintuberg</u>		<u>Grantsville Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 11 1955
BUREAU V. S.

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4680

CERTIFICATE OF DEATH

04676
166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT.</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>GARRETT.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RURAL M^SHENRY MD.</u>				TOWN <u>RURAL M^SHENRY MD.</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>TRUMAN CASPER BUTLER.</u>				<u>MAY. 25 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>Nov. 26, 1891</u>	<u>63</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>TRACKMAN ON B+O.</u>			<u></u>		<u>SENNINGS. MD.</u>		<u>U.S.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>SAMPSON BUTLER.</u>				<u>JENNY BITTINGER.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No.</u>		<u>214-12-3163</u>		<u>MRS CLARA BUTLER M^SHENRY MD.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
<u>420.0</u> IMMEDIATE CAUSE (A) <u>Coronary Occlusion</u>						<u>1 hour</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic heart disease</u>						<u>6 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
<u></u>		<u></u>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
<u></u>		<u></u>		<u></u>		<u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED White <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>			
<u></u>				<u></u>			
22. I hereby certify that I attended the deceased from <u>May</u>, 19<u>49</u>, to <u>May</u>, 19<u>55</u>, that I last saw the deceased alive on <u>May 19</u>, 19<u>55</u>, and that death occurred at <u>4 P.</u>M. from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>Milton Depper</u>		<u>Fredericks Md.</u>		<u>May 28, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>MAY-28-1955</u>		<u>BUTLER CEMETERY</u>		<u>NEAR M^SHENRY MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>May 28/55</u>		<u>Julius P. ...</u>		<u>Emory Belden</u>		<u>OAKLAND MD.</u>	

CERTIFICATE OF DEATH

1. Name of deceased: JOHN A. SMITH
2. Date of death: JUN 7 1965
3. Place of death: HOME
4. Age: 68
5. Sex: M
6. Race: W
7. Cause of death: HEART DISEASE
8. Date of burial: JUN 10 1965
9. Place of burial: CATHOLIC CEMETERY
10. Signature of physician: [Signature]
11. Signature of registrar: [Signature]

BUREAU V. S.

JUN 8 1965

RECEIVED

NOTIFICATION

1. This is a true and correct copy of the original certificate of death as filed in the office of the Registrar of the State Department of Health, Baltimore, Maryland, on the date of the death of the deceased named above. It is hereby certified that the death of the deceased named above was duly registered in the office of the Registrar of the State Department of Health, Baltimore, Maryland, on the date of the death of the deceased named above.

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04678

4681

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Items 8,9, FilmG181 5-16-55 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u>		COUNTY <u>Allegheny</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Oakland</u>		LENGTH OF STAY (in this place) <u>7 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mt. Savage</u>		<u>01X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 Evans Nursing Home</u>				STREET ADDRESS (If rural give location) <u>----</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Charles</u> <u>Carder</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>8</u> <u>1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-3-00</u> <u>1914 27, 1899</u>	9. AGE last birthday <u>56</u> <u>54</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Misc.</u>		11. BIRTHPLACE (State or foreign country) <u>Glencoe, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Carder</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Jeannette Robertson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>220-03-7640</u>		17. INFORMANT & ADDRESS <u>George Carder Mt. Savage, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
154X IMMEDIATE CAUSE (A) <u>Carcinoma of Sigmoid & Rectum</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>5</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>October, 1954</u> to <u>May, 1955</u> , that I last saw the deceased alive on <u>May 1, 1955</u> , and that death occurred at <u>12:20 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>E. J. Baumgartner</u>				ADDRESS (Street, city, town, state) <u>M.D. Zsander St. Oakland, Md.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>5/11/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Catholic St. Michaels Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frostburg, Md.</u>	
24. REC'D BY REGISTRAR DATE <u>5/9/55</u>		REGISTRAR'S SIGNATURE <u>Julia A. Ryan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jacob Hafer</u>		ADDRESS <u>23 East Main St. Frostburg, Md.</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4682

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

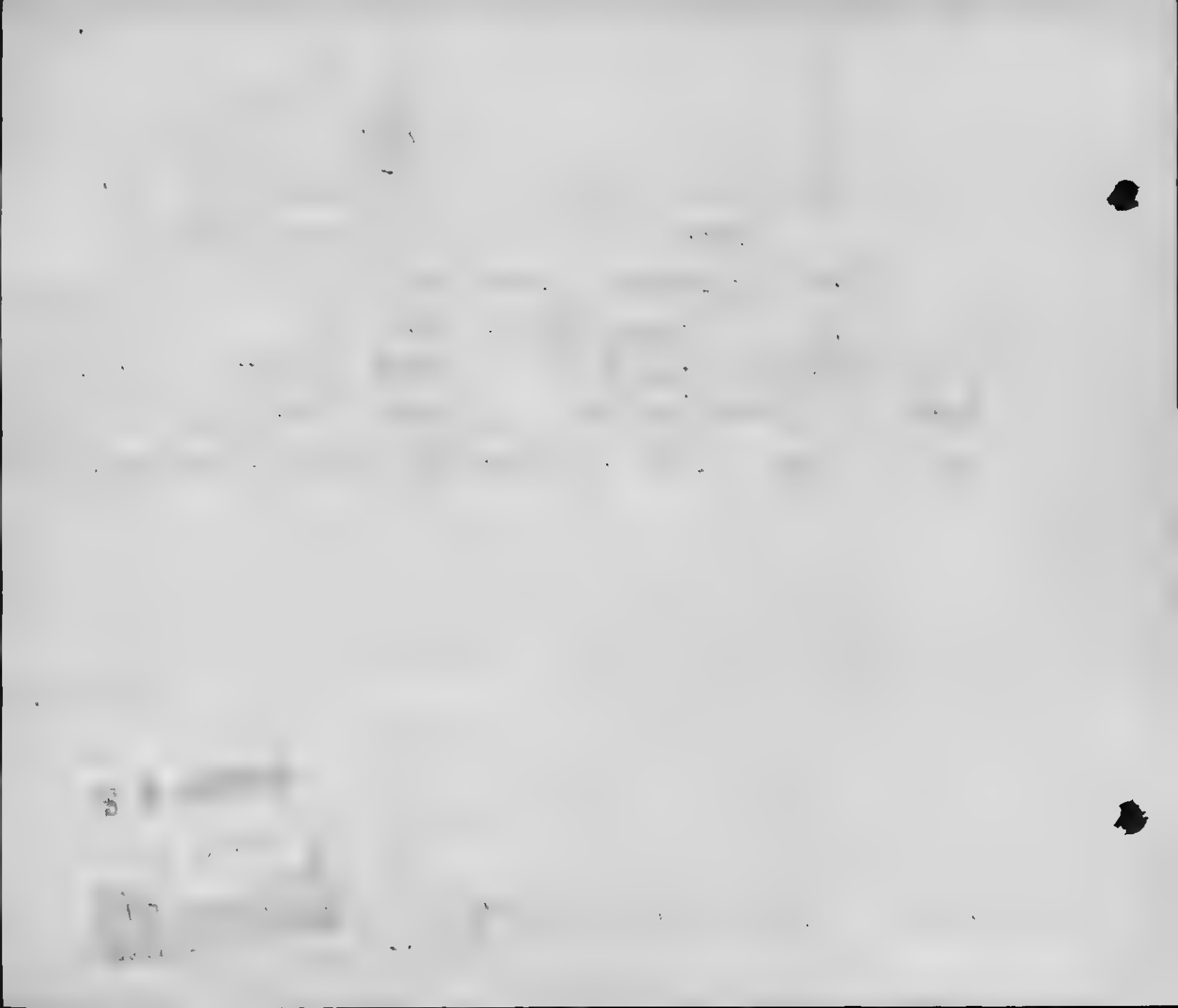
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04679
Reg. Dist.

No. 161

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY GARRETT	MARYLAND	STATE md	COUNTY Garrett
CITY (If outside corporate limits, write RURAL OR and give nearest town) Friendsville		CITY (If outside corporate limits write RURAL and give nearest town) Friendsville md	
HOSPITAL OR INSTITUTION OR STREET ADDRESS None		STREET ADDRESS (If rural, give location) Box Delivery	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last) HAROLD-RUSSELL-CODDINGTON		(Month) (Day) (Year) May 26 1955	
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Apr 15-1902
9. AGE last birthday: 53		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country): md-Garrett Co		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: John C. Coddington		14. MOTHER'S MAIDEN NAME: Della Schickel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: 214-01-9735	
17. INFORMANT & ADDRESS: Mrs Glenn Sims - Friendsville md			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause 422.1 Coronary Occlusion		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last Coronary Occlusion		
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 5		19b. MAJOR FINDING OF OPERATION:
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE E. J. Zimmerman		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED 5/26/55 DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF May 28-55	NAME OF CEMETERY OR CREMATORY Steele Cemetery
LOCATION (City, town, or county) (State) Friendsville md	24. FUNERAL DIRECTOR W. H. Rodakauer Markleysburg Pa	
DATE REC'D BY LOCAL REG. May 28, 55	REGISTRAR'S SIGNATURE Ruth Franz	ADDRESS Markleysburg Pa



4683

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Friendsville COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Friendsville	
3. NAME OF DECEASED: (First) (Middle) (Last) Edwin Dixon		4. DATE OF DEATH: (Month) (Day) (Year) May 4, 1955	
5. SEX: Male		6. AGE last birthday: 80 yrs.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH: Dec 22, 1874	
9. COLOR OR RACE: White		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Garret B. Dixon		14. MOTHER'S MAIDEN NAME: Francis Herring	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Bertha Dixon, Friendsville	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) Cerebral Vascular Accident Antecedent causes (s) (b) Essential Hypertension Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) Generalized Arteriosclerosis			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1955, to May 3, 1955, that I last saw the deceased alive on May 3, 1955, and that death occurred at 11:45 A.M., from the causes and on the date stated above. SIGNATURE: Harold Kanawue M.D. ADDRESS: R.D. 1, near Kaysburg, Md. DATE SIGNED: May 6, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	
Burial		5/7/55 Blooming Rose Friendsville Md.	
DATE REC'D BY LOCAL REGISTRAR May 6, 1955		REGISTRAR'S SIGNATURE: Ruth Frantz Deputy	
		24. FUNERAL DIRECTOR: H. H. 1021000000, Kaysville, Md. ADDRESS:	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ROBERT A. B.

1911

1911

1

04681

4684

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL or give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>OAKLAND</u>		<u>9 HRS. 20 MIN.</u>		TOWN <u>OAKLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>86 LIBERTY STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>Garry</u> (Last) <u>DURST #1</u>				4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>27</u> (Year) <u>19 55</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MAY 27, 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>OAKLAND MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>DURST, WILLIAM HENRY</u>				14. MOTHER'S MAIDEN NAME <u>STAHL, BETTY HARRIETT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>86 LIBERTY STREET, MRS. BETTY DURST, OAKLAND MARYLAND.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Placenta previa (maternal) with</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>preexisting placenta previa</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Prematurity</u>				<u>9 hrs</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-27</u>, 19<u>55</u>, to <u>5-27</u>, 19<u>55</u>, that I last saw the deceased alive on <u>5-27</u>, 19<u>55</u>, and that death occurred at <u>9:30 A.</u> from the causes and on the date stated above.							
SIGNATURE <u>James H. Tenet</u>				ADDRESS (Street, city, town, state) <u>M.D. 58 2nd St. Oakland and</u>			
DATE <u>5/28/1955</u>				DATE SIGNED <u>5-27-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>5/28/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Grantsville Cemetery</u>		LOCATION (City, town, or county) (State) <u>Grantsville, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Herbert C. Reighton</u>		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>Oakland, Md.</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

THE UNIVERSITY OF CHICAGO

1957

1957

4685

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY OR TOWN <u>OAKLAND</u>		LENGTH OF STAY (in this place) <u>8 hrs. 12 Min.</u>		CITY OR TOWN <u>OAKLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>70 GARRETT COUNTY MEMORIAL HOSPITAL</u>		STREET ADDRESS <u>86 Liberty Street</u>					
3. NAME OF DECEASED (Type or Print) <u>Larry H. DURST #2</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>5-27-55</u>	9. AGE last birthday <u>Yrs.</u>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>OAKLAND, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLIAM HENRY DURST</u>				14. MOTHER'S MAIDEN NAME <u>BETTY HARRIETT STAHL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>86 LIBERTY STREET WILLIAM HENRY DURST OAKLAND, MARYLAND</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Placenta Previa (Maternal) with Resulting Premature Labor.</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Twins Prematurity</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Prematurity</u>				8 hrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-27-55</u> , 19 <u>55</u> , to <u>5-27-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-27-55</u> , 19 <u>55</u> , and that death occurred at <u>7:50 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>John W. Tenenbaum M.D.</u>				ADDRESS (Street, city, town, state) <u>58 2nd St Oakland Md</u>		DATE SIGNED <u>5-27-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>5/28/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Grantsville Cemetery</u>		LOCATION (City, town, or county) (State) <u>Grantsville, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Julia H. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harbert C. Reigley</u>		ADDRESS <u>Oakland, Md.</u>	

215523427 0

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be delivered for use as a burial transit permit.

VS A15C 1-55 10B

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 311

LECTURE 1

LECTURE 2

LECTURE 3

LECTURE 4

LECTURE 5

LECTURE 6

LECTURE 7

LECTURE 8

LECTURE 9

LECTURE 10

LECTURE 11

LECTURE 12

LECTURE 13

LECTURE 14

LECTURE 15

LECTURE 16

LECTURE 17

LECTURE 18

LECTURE 19

LECTURE 20

LECTURE 21

LECTURE 22

LECTURE 23

LECTURE 24

LECTURE 25

LECTURE 26

LECTURE 27

LECTURE 28

LECTURE 29

LECTURE 30

LECTURE 31

LECTURE 32

LECTURE 33

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04684

4688

CERTIFICATE OF DEATH

Reg. Dist. No. 166

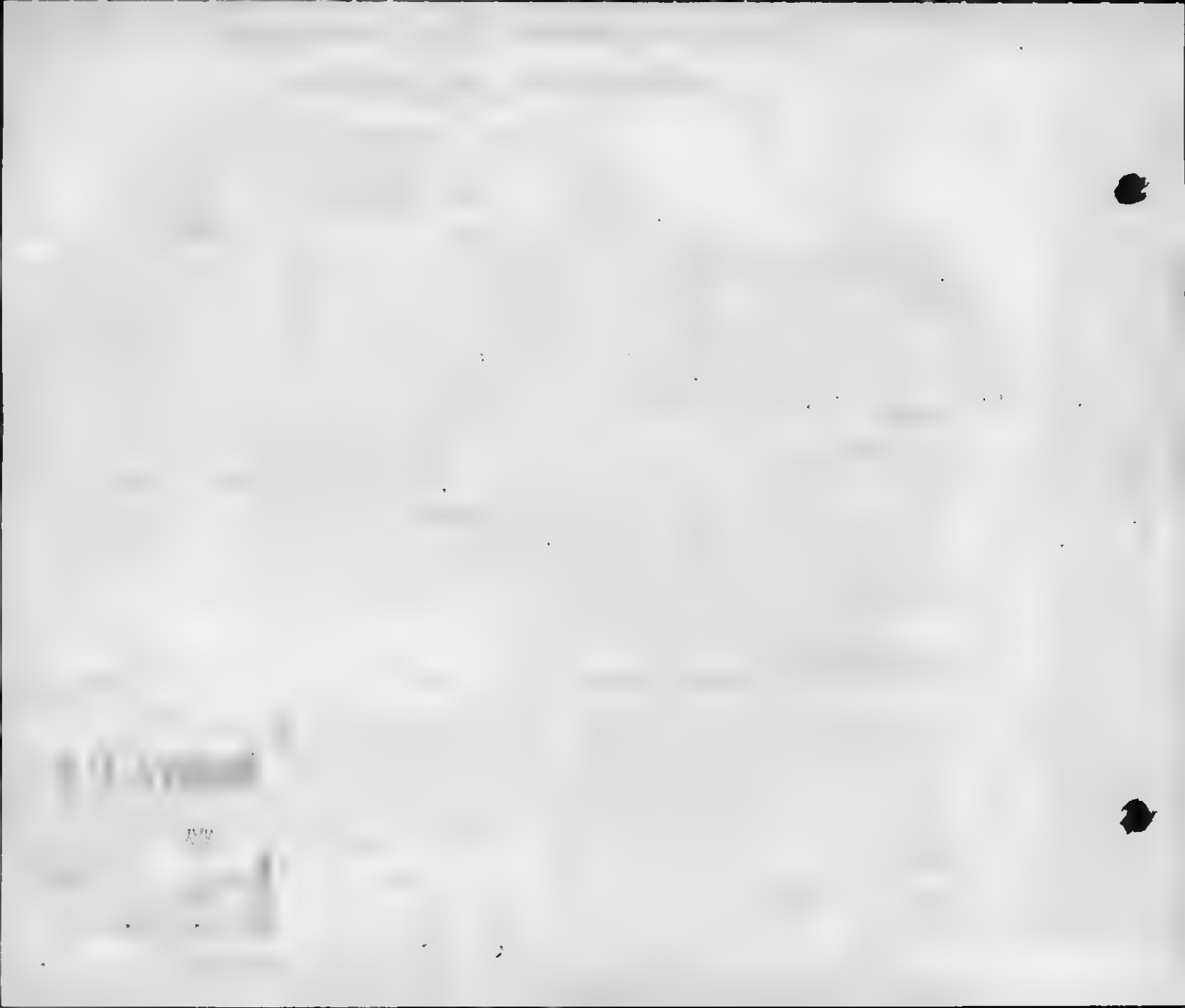
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN OAKLAND		21 DAYS		TOWN CRELLIN		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
CHARLES OSCAR JORDAN				MAY 14 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min
MALE	WHITE	WIDOWED	MARCH 25, 1877	78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Retired			RETIRED		MARYLAND		U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
JORDAN, HENRY				KOPE, JUSTINA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO		17. INFORMANT & ADDRESS			
no		-----		MR. GILBERT KIGHT, CRELLIN MARYLAND			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A)				Arteriosclerotic Cardio-Vascular Disease			
ANTECEDENT CAUSE(S) DUE TO (B)				with hemorrhage			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)				Arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
				3 weeks			
				8 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 23 Apr 1955, to 14 May 1955, that I last saw the deceased alive on 14 May 1955, and that death occurred at 11:40 PM, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
J. B. Mancee M.D.				14 May 55			
ADDRESS (Street, city, town, state)							
Oakland Md.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)			
Burial	5/17/1955	Ferndale Cemetery		Garrett Co., Md.			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		
DATE 5/16/55	Julia A. Gowan		Herbert C. Leighton		Oakland, Md.		

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



4687

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Rural Friendsville LENGTH OF STAY (in this place) 65 yrs.
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. N, Friendsville

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland. COUNTY Garrett
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Rural Friendsville X
 STREET ADDRESS (If rural give location) 2 mi. N. Friendsville /

3. NAME OF DECEASED: (First) Virginia (Middle) Maud (Last) Lohr
 (Type or Print)

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/24/1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

Salem Lee

14. MOTHER'S MAIDEN NAME:

Elizabeth Lipscomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS:

Wm. H. Lohr Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Heart
 Immediate cause

(a) Chronic myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(b) DUE TO

(c)

Interval Between Onset And Death

3 years

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

left hemiplegia

8 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 25, 1952, to May 24, 1955, that I last saw the deceased

alive on May 22, 1955, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Milton Jaffer, M.D.
 Burial (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, county)

(State)

5/27/1955
Deer Park Cemetery
Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 26 1955

Ruth Frantz

Herbert C. Leighton

Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JOHN V. S.

MAY 1 1950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4688
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04687
Reg. Dist. No. 66

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY GARRETT		MARYLAND		STATE MD		COUNTY GARRETT.	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN RURAL M ^S HENRY MD				TOWN RURAL M ^S HENRY MD. X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First)		(Middle)		(Last)		(Month) (Day) (Year)	
Coit		EDWARD		NICKLOW		May 31 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. UNDER 1 YEAR 11. UNDER 24 HRS.		
MALE	WHITE	SINGLE	FEB-2-1930	25 yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
BARBER				FRIENDSVILLE MD		U.S.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
CLARENCE NICKLOW				MATILDA HAENFTLING.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
(If Yes, give war or dates of service)		213-24-6219		CLARENCE NICKLOW Accident MD.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
850X Immediate cause (a).....							
DUE TO Accidental Drowning							
Antecedent cause(s) (b).....							
Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c).....							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE (Home, farm, factory, OF INJURY		21c. (City or town) (County) (State)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Dupont, office bldg. Mc Henry Garrett MD					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
5/21/55 12:45 AM				Drowning after jumping from burning boat			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		M. D.		CHIEF MEDICAL EXAMINER		DATE SIGNED	
J. J. Baumgartner				DEPUTY MEDICAL EXAMINER		6/1/55	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		JUNE-3-1955		ZION CEMETERY		Accident. MD.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
JUL 5 1955		Julius C. Nowan		Emory Bolden		OAKLAND MD.	

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4689

04688

CERTIFICATE OF DEATH

Item 1, Film G182 5-31-55 et

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN OAKLAND		B HRS. 15 MIN.		TOWN OAKLAND		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
GARRETT COUNTY MEMORIAL HOSPITAL				ROUTE #1			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
OPAL ANN PORTER				MAY 12 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	MARRIED	JUNE 4, 1891	63 6/11 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
HWFL.				WEST VIRGINIA		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
HENDRICKSON, WILLIAM ZACKRIAS				WINTERS, ELVA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
no		-----		MR. E. R. PORTER, ROUTE #1, OAKLAND MD.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						3 hours	
24. IMMEDIATE CAUSE (A) Cerebral Hemorrhage							
ANTECEDENT CAUSE(S) DUE TO						1 month	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO						5 yrs	
(C) Hypertension							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-20, 1955, to 5-12, 1955, that I last saw the deceased alive on 5-12, 1955, and that death occurred at 1:55 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)			
[Signature]				M.D. 5-5-2-1 St Oakland Md 5-12-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		5/15/1955		Oakland Cemetery		Oakland, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 5/13/1955		Julia G. Rowan		[Signature]		Oakland, Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

2 11 05 0000

100

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **12 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4690

CERTIFICATE OF DEATH

04689

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		STATE W.VA.		COUNTY TAYLOR	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND		LENGTH OF STAY (In this place) 10 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRAFTON		85 X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location) 400 Denney Lane			
3. NAME OF DECEASED (First) (Middle) (Last) W. EVERETT RIGHTMIRE				4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 9-29-81		9. AGE last birthday 73 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refined W.R. Baker maker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GRAFTON, WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? UNITED STATES
13. FATHER'S NAME WESLEY EVERETT RIGHTMIRE				14. MOTHER'S MAIDEN NAME ANNA THORN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 232-24-4245		17. INFORMANT & ADDRESS MISS LUCI RIGHTMIRE OAKLAND, MD.		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
332X IMMEDIATE CAUSE (A) Cerebral thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 9, 1955, to May 14, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 7:40 P.M. from the causes and on the date stated above.							
SIGNATURE Joseph Alvarez				ADDRESS (Street, city, town, state) Oakland Md.		DATE SIGNED May 14 1955	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 5/18/55		NAME OF CEMETERY OR CREMATORY Blue Mount Cem.		LOCATION (City, town or county) (State) Gray Fox, W. Va.	
24. REC'D BY REGISTRAR 5/15/55		REGISTRAR'S SIGNATURE Richard A. Swann		25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton		ADDRESS Oakland, Md.	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that this death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A18C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4691

CERTIFICATE OF DEATH

Reg. Dist. No. 04690
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MD		COUNTY GARRETT.	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN RURAL OAKLAND MD				TOWN RURAL OAKLAND MD		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) NELSON CYRUS SANDERS.				4. DATE OF DEATH (Month) (Day) (Year) MAY 27 19 55			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH OCT.-18-1886		9. AGE last birthday 68 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) AURORA W. VA.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME DAVID SANDERS.				14. MOTHER'S MAIDEN NAME ESTER DUMIER.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO.		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS LAWRENCE SANDERS OAKLAND MD			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
1991 IMMEDIATE CAUSE (A) 1991				INTERVAL BETWEEN ONSET AND DEATH 3 Days			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				1991 1991			
STATING UNDERLYING CAUSE LAST, DUE TO unknown				1991 1991			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 Oct. 19 47, to 4 Jan. 19 55, that I last saw the deceased alive on 4 Jan. 19 55, and that death occurred at 8:30 A.M. from the causes and on the date stated above.							
SIGNATURE L. Lawrence				DATE SIGNED 28 May 55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL				DATE THEREOF MAY-29-1955			
24. REC'D BY REGISTRAR 5/29/55				25. FUNERAL DIRECTOR'S SIGNATURE Em. W. Bolder			
REGISTRAR'S SIGNATURE Julia Rowan LR				ADDRESS (Street, city, town, state) Oakland Md			
NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY.				LOCATION (City, town, or county) OAKLAND MD.			

CERTIFICATE OF DEATH

100

W. J. WARETT
LOCAL CHAIRMAN

W. J. WARETT
LOCAL CHAIRMAN

W. J. WARETT

W. J. WARETT

W. J. WARETT

W. J. WARETT

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W. J. WARETT

W. J. WARETT

BUREAU V. 2

JUN 8 1955

RECEIVED

W. J. WARETT

W. J. WARETT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4692

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04692

Reg. Dist.

No. 166

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		OR	
<u>TOWN Deer Park Rural</u>		<u>60 Yrs.</u>		<u>TOWN Rural Deer Park</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>6 Mi. S. Deer Park, Md.</u>				STREET ADDRESS (If rural, give location) <u>6 Mi. S. Deer Park, Md.</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
(Type or Print) <u>George Truman Upole</u>				<u>May 31</u>		<u>1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>July 17, 1888</u>	<u>66</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Coal Miner & Farmer, Farm</u>		<u>Own</u>		<u>Pennsylvania</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>John Upole</u>				<u>Margaret Pague</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>no</u>		<u>213-01-7252</u>		<u>Mrs. George Upole Deer Park, Md.</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<u>490.1</u>							
Immediate cause (a) <u>Coronary Occlusion</u>							
DUE TO							
Antecedent cause(s) (b)							
Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c)							
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains, described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		M. D.		CHIEF MEDICAL EXAMINER		DATE SIGNED	
<u>J. A. Baumgartner</u>				<u>DEPUTY MEDICAL EXAMINER</u>		<u>6/1/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6/2/1955</u>		<u>John Upole Cemetery</u>		<u>near Deer Park, Md.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>6/2/55</u>		<u>Julius K. Howard</u>		<u>Werkert E. Leighton</u>		<u>Oakland, Md.</u>	

BUREAU V. S.

JUN 8 1955

RECEIVED